

**CONSULTANT
FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-0519
Expiration Date: 05/31/2020

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

TRAINING/TECHNICAL ASSISTANCE (T/TA): _____
 DATE(S): _____
 NHTTAC COORDINATOR: _____

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your date of birth: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
------------------------------------------------------------------------------------	-----------------------------------------------------	------------------------------------------------------------

Please indicate the number that best represents your rating for each of the following questions.

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to complete this T/TA?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

2. How satisfied were you with your overall experience with NHTTAC staff?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

Please indicate the extent to which you agree or disagree with the following statements:

OVERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3. NHTTAC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. Discussions with NHTTAC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.083 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

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6. NHTTAC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7. The information developed or provided in the T/TA was based on current evidence-based research or promising practices.	1	2	3	4	NA
8. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
9. The information [developed for the T/TA] [provided to the participants] was survivor informed.	1	2	3	4	NA
10. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
11. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
12. The T/TA was trauma informed.	1	2	3	4	NA

13. What obstacles or challenges, if any, did you encounter in the planning or delivery of this T/TA?

14. In what language was the training delivered? English Spanish

15. How prepared did you feel for the delivery of the training?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Very Prepared</i>

Please indicate the extent to which you agree or disagree with the following statements:

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. NHTTAC respected my perspective about <insert topic>	1	2	3	4	NA
17. This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	NA
18. Participating in the T/TA as a consultant enhanced my communication skills.	1	2	3	4	NA
19. Participating in the T/TA strengthened my confidence to consult in future T/TA events.	1	2	3	4	NA
20. As a consultant for NHTTAC, I have improved my leadership competencies.	1	2	3	4	NA
21. As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	NA
22. Overall, consulting for the T/TA contributed to my professional development.	1	2	3	4	NA

23. Would you recommend others to be a consultant for NHTTAC? Yes No

24. Would you recommend NHTTAC to others who need T/TA? Yes No

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25. Do you have any other comments or suggestions about how to improve the NHTTAC's consultant network and/or NHTTAC consulting experience??

26. What is your NHTTAC consultant category? Survivor Impact Training/Technical Assistance (T/TA) Expert

27. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Nonprofit/Community-based organization | _____ |

28. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No N/A

29. Which of the following **best** describes your professional capacity or types of services you provide? (Mark all that apply.)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | _____ |

30. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of being trafficked, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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31. Which of the following **best** describes the number of years of experience you have in your current field of work?

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

32. Which of the following **best** describes your primary role in your current position?

- Direct delivery/Frontline staff Consultant/Trainer Administration
 Management Volunteer Peer educator
 Other (please specify): _____

33. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National Local
 State (please specify): _____ Urban
 Tribal Rural
 International (please specify country): _____

34. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

- Human trafficking
 └─ Commercial sexual exploitation of children
 └─ Sex trafficking
 └─ Adults
 └─ Minors
 └─ Labor trafficking
 └─ Adults
 └─ Minors
 Children/youth
 └─ Out of home/Foster care/Kinship care
 └─ Juvenile justice
 └─ Runaway/Homeless youth
 People with disabilities
 Deaf/Hearing impaired
 Elderly
 Lesbian, gay, bisexual, transgender, and questioning
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
 People with low incomes
 Racial and ethnic minorities
 └─ American Indian or Alaska Native
 └─ Asian
 └─ Black or African American
 └─ Native Hawaii or other Pacific Islander
 └─ White
 └─ Hispanic or Latino ethnicity
 History of substance use
 Intimate partner violence (e.g., dating, domestic violence)
 Gang-related crime
 Sexual abuse/Violence
 Other (please specify): _____

35. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native Native Hawaii or other Pacific Islander
 Asian White
 Black or African American Other (please specify): _____

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36. What is your ethnicity? (Mark all that apply.)

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

37. What is your gender? (Mark all that apply.)

- Male
- Female
- Transgender
- Other (please specify): _____

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.